



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO  <div style="text-align: center;"> <b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b> </div> <div style="text-align: center;"> <i>(Use as many sheets as necessary)</i> </div>				<b><i>Complete if Known</i></b>	
				Application Number	10/595,904-Conf. #8765
				Filing Date	May 18, 2006
				First Named Inventor	Hajime Igarashi
				Art Unit	4117
				Examiner Name	D. S. Moyer
				Attorney Docket Number	21668/0211419-US0
Sheet	2	of	2		

[illegible]

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.